MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2130 CERTIFICATE OF DEATH

02124

| Reg. | Dist. | No. 2-5 | 1 |
|------|-------|---------|------|
| Reg. | Dist. | No. | line |

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|--|
| COUNTY Since WARYLAND | STATE Mariela adounty Legon Canno |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside comprete limits, write RURAL and give neerest town) |
| OR and give nacrest towill (in this place) | TOWN P SO S. AD |
| A recol Sectlerantly = 110. | water surveille |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) ADDRESS |
| STREET ADDRESS 1107Ce | More |
| 3. NAME OF (First) (Middle) | (Lesi) 4. DATE (Month) (Day) (Year) |
| (Type or Print) GENE WAYNE | CLOUGH DEATH 2 27 1056 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE C | OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. |
| male RACED OF SHOWED, DIVORCED, SHOCKED, | S Yrs. Months Deys Hours Min. |
| 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if OR INDUSTRY | Tary Country |
| retired) Tone | Morghand 9.2.16. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| John V. Clouch | Warehot School De On |
| 15. WAS DICEASED EVER IN US. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| (Yes, no, oblink.) (If Yes, give wer or dates of service) | 1 at Consel O Day in Do Well |
| 18. MEDICAL CEI | RTIFICATION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) POLIKATE A | Bronolice Presure |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, (8) | rete Bruselisto |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | |
| (C) | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | fres |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 1 | YES NO |
| 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED | 21E. HOW DID INURY OCCUR? |
| M. White Not white at work | |
| 22. I hereby certify that I attended the deceased from Dead | working, of Paus Charles, that I last saw the deceased |
| alive on | |
| SIGNATURE | ADDRESS (Street, city, lown, state) DATE SIGNED |
| ()) Ufilecelly M.D. | Lateroxiel Jul >157/10 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or county) |
| BREMOVAL (SPECIFY) 2/29/51 / DIM B | De : 000 / 00 . 00 |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 1 25 SINERAL DISCOVERS SIGNATURE |
| S S S S S S S S S S S S S S S S S S S | 25 FUNERAL DIRECTOR'S SIGNATURE DADRESS |
| DATE L- LO COLGOL D. Marie | 4 6 Morelan Arlenston Mo |

THE LEGISLATE WITH THE TRUMPTS OF STATE OF ALVEAUS

NTARO TO STADIFITIED AND

Polish Broker Premining

1-3/1-35

BUREAU V. S.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

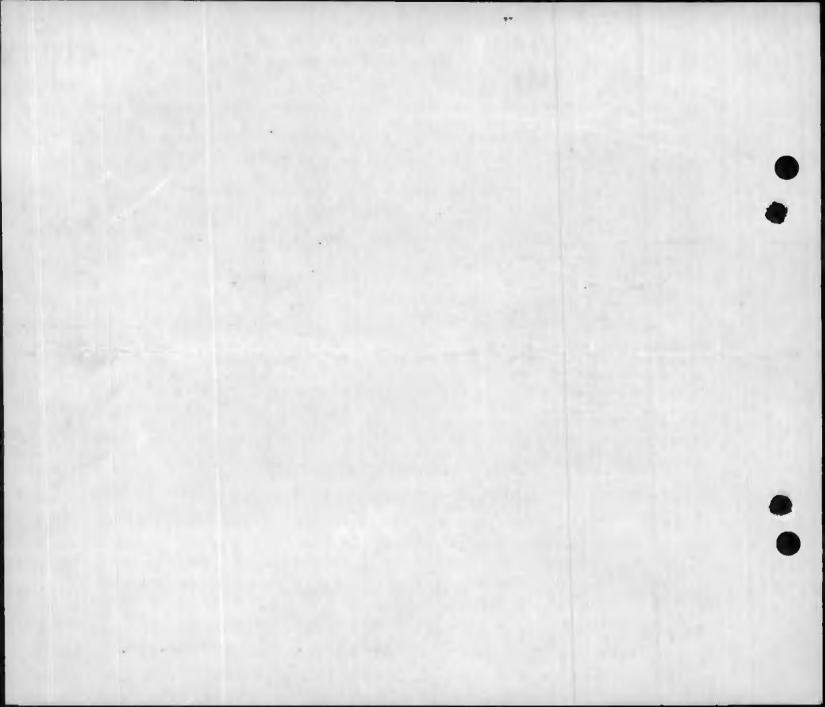
2131

CERTIFICATE OF DEATH

02125

Reg. Dist. No.

| COUNTY | LIH. | | 2. USUAL RESIDENCE (| HOME) OF DECEASED. | my |
|---|--|--|----------------------|--|----------------------------------|
| (3) | Jee - Anne | MARYLAND | Md. | | Queen Anne |
| CITY (If outside OR give neares | corporate limits, write RUR st town) Srasonville | AL and LENGTH OF STAY (in this place) | OR TOWN Grasom | rate limits, write RURAL and | give nearest town) |
| HOSPITAL OR INSTITUTION OF STREET ADDRESS | | | STREET ADDRESS | (If rural, give location) | 1 |
| 3. NAME OF DECEASED (Type or Print) | (First) SARAH | (Middle) V. DRF | (Last) ECHSLER | 4. DATE (Month) OF DEATH Feb | (Day) (Year) 19, 1956 |
| 6. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH | 9. AGE last birthday If und Month | er i year If under 24 hrs. |
| done during most of | PATION (Give kind of work working life, even If retired) | 10b. KIND OF BUSINESS OR INDUSTRY Drug Mfg | Nov. 18. 1873 | | 12. CITIZEN OF WHAT COUNTRY? |
| IS. FATHER'S NAI | ME | THE IIIE | Alice Buckey | | |
| IK WAS DECRASED I | PURE THE TES ARREST POPORE | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS | |
| (Yes, no or unknown |) [(If yes, give war or dates of lacroice) | 01 218-22-8674 | | . Hurley - Graso | nville Md |
| | | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR C | CONDITIONS DIRECTLY | LEADING TO DEATH | 7/ 1 | | INTERVAL BETWEEN ONGET AND DEATH |
| 1 Immedia | te cause (a) | Cicellal, | Memory 10 | 15 | 100 |
| Diseases or | ent cause(s) conditions, if any, (b) | Hander - | 17-16-10-16-1 | To C. V Denon | 3 44 |
| | to the above cause underlying cause last | , I | | | |
| Conditions contrib | FICANT CONDITIONS outling to the death but not use or condition causing deat | ih. | | | |
| | | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 2 | | | | | Yes No 🗆 |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJU | CE (Home, farm, factory, street, office bidg., etc.) JRY | (CITY OR | TOWN) (COUNT | |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY O | CCUR? | |
| - | 1 .0 57 | e deceased from detailed at death occurred at deceased from deceased fro | C* 4 6 | | |
| 23. BURIAL, CREM | MATION DATE THERE | OF NAME OF CEMETE | RY OR CREMATORY | LOCATION (City, town, or con | (State) |
| DATE HEC'D BY | (1 ^(y) 2/22/56 | Loudon P | | Balto A Md. | (ADDRESS |
| TREC - 2/ | 1956 G.W. | Hedrick | Myn. J. Ja | cloves & Sous. | - Raelo 17, |
| / | | E | () | | CAAIX. |



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2132

FOR MEDICAL EXAMINERS

eg. Dist. No. 213

| 8102 TOLE MINDIONI | Keg, Dist. A | 0 |
|---|---|----------------------------------|
| 1. PLACE OF DEATH. COUNTY Zugen Grand MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- | Y O |
| | ma dues | · Chung |
| OR give nearest town le vaneville (in this place) | CITY (If outside corporate limits, write RURAL and gi | ve nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS | - 1 |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) Tolke Ulflia | Gross 4. DATE (Month) OF DEATH Jab | (Day) (Year) |
| 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Three labor Industry Farm work | LIL BIRTHPLACE (State or foreign country) 1 1 | 2. CITIZEN OF WHAT COUNTRY! 4, 5 |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes. give war or dates of service) | 17. INFORMANT AND ADDRESS dangele Florence France For | ito. Sond |
| 18. MEDICAL ČE | RTIFICATION | 1. |
| L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| | | 0.114 |
| Immediate cause (a) | | |
| Antecedent cause(s) | I dead in bad | |
| Diseases or conditions, if any, (b) | d, de ad | |
| giving rise to the above cause shating the underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS | | 1 |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 1 20. AUTOPSY? |
| | | Yes 🗆 No 🗗 |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not while INJURY m. work at work | | |
| | Colonial Immedian (II) India Italy | 1 12 11 |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece | Autopsy, Inspection 2; Inquiry thereon and | from the evidence |
| from: natural cousesoccident, suicide, homicide, SIGNATURE (Degree or title) | undelermined L.1 | Operators remarted |
| SIGNATURE (Degree or title) | ADDRESS Caulterille Me | DATE SIGNED |
| 11 Heavy Fisher Sapety med. Ex am for | or 2-a. Co md | 2/8-56 |
| | RY OR CREMATORY LOCATION (City, town, or soun | / |
| Barris 2/10/56 Bach | y ache stevenmels | (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| + et. 10.1956 Clustelle Holler | Calgar LI Lane U | work / feet |

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BUREAU V. S.

INSTRUCTIONS

TO ATTENDING PHYSICIA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02127

| 8133 | | | R | eg. Dist. No. | > 1 |
|---|-------------------------------------|------------------------------|------------------------------|-----------------------|-------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDE | NCE (HOME) OF D | ECEASED | |
| COUNTY Queen Anne | MARYLAND | STATE Haryl | and county | Caroline | |
| CITY (If outside corporate limits, write RURAL OR and give neerest town) | LENGTH OF STAY | CITY (If outside corp | porate limits, write RURAL e | nd give naerest town) | |
| X TOWN Rural Templeville | 1 Yr. | | 1 Marydel | | X |
| HOSPITAL OR INSTITUTION OR | | STREET ADDRESS | (If sural giv | ve location) | |
| STREET ADDRESS None | | No | ne | | |
| 3. NAME OF (First) (I | Viddla) | (Last) | 4. DATE (Mor | nth) (Day) | (Yeer) |
| (Type or Brint) | н. | Kilson | DEATH | 22 56 | 19 |
| S. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIV | D, 8. DA | TE OF BIRTH | 9. AGE fast birthday | | DER 24 HRS. |
| Male Col. Single | 6 | /20/1899 | 56 yrs. | Months Days Hou | urs Min. |
| | OF BUSINESS | II. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF | TAHW |
| Felicol Laboror Don | | Maryland | | U.S.A. | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | 1 0 1 1 2 1 2 2 2 | |
| Joseph Kilson | | Wilmina | Hackett | | |
| | SOCIAL SECURITY NO | . I7. INFORMANT & | ADDRESS | | |
| (Yes, no, or unk.) (Yes, give wer or datas of service) | Lone | Albert | Kilson Ten | moleville. | Md. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 18. MEDICAL | CERTIFICATION | | INTERVAL E | BETWEEN |
| IMMEDIATE CAUSE (A) | raueux | · Nearh- | Valpula | 2) | DUAIN |
| ANTECEDENT CAUSE(S) DUE TO | KAD for | un to | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | 11000 | ullunon | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | 4 | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF | OF OPERATION | | | 20 4117 | Onev 1 |
| - | | | | YES Y | NO |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF ETHER, NOTIFY MEDICAL EXAMINER) | farm, fectory, fice bldg., etc.) | ZIc. WHERE DID INJURY OCC | UR? (City or lown) | (County) (5 | State) |
| 2Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 2Ia. While M. at wo | | 218. HOW DID INJURY OCC | UR ? | | |
| 22. I hereby certify that I attended the decea | sed from Famil | 19.5 4 10/18 | K- 195 C | , that I last saw the | deceased |
| alive on 1906, and | that death occurred | at 4. M, from the | causes and on the | date stated above. | |
| SIGNATURE TO SULLY | M.D. | Tolca | DRESS (Street, city, tow | n, state) DATE | SIGNED |
| 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) | NAME OF CEMETERY | OR CREMATORY | LOCATION (City, tow | n, or county) | (State) |
| Burial 2/25/56 | Mt. Zio. | n | Marvdel | . 1/8. | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | ~ ~ | 25, FUNERAL DIRECTOR'S | | ADDRESS | |
| DATE 2-24 Edgan | d. dane | J J. E. Bou | lain Sre | ensororo | mel |

HTASO TO ETADIFITIES

The state of the state of

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AND THE PARTY OF THE PROPERTY OF THE PARTY O

CONTROL OF THE PARTY OF THE PAR

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certifical assembly should be detached for use as a burist transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2134 CERTIFICATE OF DEATH

| | | 7.64 |
|------|-------|---------|
| Reg. | Dist. | No. 252 |

| | I PLACE OF DEATH | 2, 0 | SUAL RESIDENCE | (HOME) OF DECEASED | Λ |
|------|--|--------------------|----------------------------|------------------------------------|-----------------------|
| | COUNTY (Lace Connes MARYL | | /// | 0 | () |
| - | COUNTY (If ourside corporate limits, write RURAL LENGTH OI | | ATE //LLLystr | COUNTY CLEE | |
| | OR end give nearest town (in this p | | | limits, write RURAL and give neers | si lown) |
| | TOWN | TO | WN (1) LLGE | - (1) | |
| | HOSPITAL OR | - yelus | | 11 Carolina | 75 |
| | INSTITUTION OR | | REET | (If rural give location) | 1 |
| | STREET ADDRESS | 756 | PKE43 | | |
| | | | | | |
| | 3. NAME OF (First) (Middle) | (Lest) | | 4. DATE (Month) | (Dey) (Yeer) |
| | (Type or Print) | 2 K.+1. | weak ! | OF DEATH | 1 ~ 1 |
| | SOSERIC SUIVESTE | | NECK 1 | EU | 1 1956 |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. | B. DATE OF BIRTH | 9. | AGE lest birthday IF UNDER 1 | YEAR IF UNDER 24 HRS. |
| | V 11 (c 16.1 /) | DEC 31 1 | 1 052 | /_ 1 Months | Deys Hours Min. |
| | TIME THERES | | 841 | (0 4 yrs.) | |
| | 10%. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES: | 11. BIRTH | PLACE (State or foreign of | country) 12. | CITIZEN OF WHAT |
| 1 | done during most of working life, evan if | (| 1 - * | 10 | COUNTRY? |
| pla | refired) FARM LABOR FARM | | TUSTRIA | | rickasias Re |
| | 13. FATHER'S NAME | 14. A | AOTHER'S MAIDEN NAM | WE _ | |
| | Talcial 1.011 | - Laste | 02 | | |
| | LOSEPH DUIVESTER KOTT | PANECK | MARIE | | |
| - 1 | 15. WAS DECEASED EVER IN U. S. ALMED FORCES? 16. SOCIAL SECT | JRITY NO. 1 | 7. INFORMANT & ADD | RESS | |
| - | (Yes, no, or unk.) (If Yes, give wer or detes of service) | | M -1 | 1 1 11/1 | 1 |
| 0 | 16 14 | 32-0652 | IIIARY LI | ZADETH KOT | MANECK |
| | 18, MEI | ICAL CERTIFICAT | TION | | INTERVAL BETWEEN |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 0 | , 1 | 6 | ONSET AND DEATH |
| | 11 11 98 Freshould | Trees dry | 1650 | | 4 dam |
| | IMMEDIATE CAUSE (A) CONNECTED | 676000 0100 | and the | | 1 |
| | ANTECEDENT CAUSE(S) DUE TO | | 0, | -2 / | / |
| | DISEASES OR CONDITIONS, IF ANY, (B) 179167 EU. | 25 VE CAR | die-vel- | sealar dixax | Elanier. |
| | GIVING RISE TO THE ABOVE CAUSE | | | | |
| | STATING CAUSE LAST. | | | | |
| | (C) | | | | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | DISEASE OR CONDITION CAUSING DEATH, | | | | |
| | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | | | |
| 0 | 170. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? |
| 5 | | | | | YES NO |
| | 21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factor) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. | | E DID INJURY OCCUR? | (City or town) (County | r) (Stete) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. | , | | | |
| | 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCU | RRED 216 HOW | DID INJURY OCCUR? | | |
| | While Not | whila | DID HOOK! OCCOR! | | |
| | M. at work et v | rork 🔲 | | | |
| | 00 1 1-20 | r 1 24 m | 3. Ind | 1 1056 11 11 | |
| | 22. I hereby certify that I attended the deceased from | | | | |
| | alive on the first death | occurred at | M. from the caus | ses and on the date stated | ahove |
| 5 | SIGNATURE | 17 | | BS (Straet, city, town, stela) | DATE SIGNED |
| 10M | d KILDID | ~_ | 13 | 11. 7/11 | DATE SIGNED |
| 1-55 | Just Colleg | M.D. | (lilet | Chare all | 2/1/56 |
| + | | EMETERY OR CREMATO | RY I L | OCATION (City, town, or county) | (Stata) |
| 20 | REMOVAL (SPECIFY) | 10 | . / | VI A | 1 0 1 |
| A15C | Buil tety 5-1 4/ Jeen | mount a | melic. | Peren Clare | (pers Con C. |
| S | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUI | NERAL DIRECTOR'S SIG | NATURE | DDRESS |
| | 12/2 10 - 11 | 105 | 1 Righ | = 0- + R - B | Jan Jak Land |
| 1 | DATE Jet 3-1956 Other Urmer | EGUO WILL | word - win | Traunian C | THE THE PERSON |
| - | | | | | |

CERTIFICATE OF DEATH

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BUREAU V. S.

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7: hy 3-16

| | | MARYLAND STATE DEPARTMENT OF H | EALTH—BALTIMORE, 18 |
|------|----------|---|--|
| 1 | | 2135 CERTIFICATE OF D | DEATH Reg. Dist. No. 25 |
| | 1. | PLACE OF DEATH COUNTY LICY (LANCE MARYLAND 2 USUAL RESID O. STATE | DENCE (Where deceased lived If institution Residence before admission) b. COUNTY Quest and a |
| | Ž, | RURAL and give nearest town) | OWN (If outside corporate limits, write RURAL and give nearest town) |
| | 21 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET AL | DDRESS , o. IS RESIDENCE ON A FARM? YES NO [|
| | 1 | NAME OF First Middle , D Lost OFCEASED (Type or print) BENSAMIN FRANKLIN PHIL | |
| | 5. | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. | |
| ~ \/ | _ | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FRM DE | · L. D. S. A |
| | | BENJAMIN F. PHILLIPS MAR | MAIDEN NAME Y ANN CLAYTON |
| 1 | | WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) A CA 1- (If yes, give wor or dates of service) | PHILLIPS - SUDIERSVILLE, |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcale Carcale | Del cultures onset and Death |
| | | Conditions, if any, which) 10 Chrunic Brusc | lesse |
| | | gove rise to immediate cosse (a), stating the under lying couse lost. DUE TO Cliring United | cuifely. |
| | FICATEEN | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | YES NO B. |
| | CERTI | 200. ACCIDENT WAS UNDERLYING A 200. DESCRIBE HOW INJURY OCCURRED TEnter notice of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | f injury in Port I or Port II of item 1B.) |
| | MESICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work | Home, farm, 20f. (City or town) (County) (State) |
| | | 21. I certify that I attended the deceased from Jack 195/ alive on RS J , 195/p, and that death occurred at | 332AM, from the couses and on the date stated above |
| | | ACTUAL PITCHESIGNATURE PITCHESIS M.D. M.D. | ADDRESS (Street, city or town, stote) DATE SIGNE PULL TUST 2/29 /- |
| | | PHYSICIAN'S C.H. METCALFE | |
| | L | BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) MARK 1955 1-1 FUNERAL DIRECTOR'S SIGNATURE C ADDRESS | 22d, LOCATION (City, town, or county) (Stote) |
| | 2 | duark-Tellens - Millenston Mide | 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURED LATE 3-1 Calgain . Dan |
| | | | |

OBVIBSEN!

BUREAU V. S.

(Day)

(Yeer)

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

DATE SIGNED

(State)

YES

CITIZEN OF WHAT

COUNTRY,?

Decries lance Come alest the season in Summer. 4. 24c 7000 11 56 WINFIELD Much white muchined here he -1-1874 &1 Kettinis . The rese transformer Rostoning 20 Ec. Hambers 116 I. Samuel Rose Line Kathans - Patter here. mas in he was to Mery land.

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2137 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02191

Reg. Dist. No. 251

| I. PLACE OF DEATH- COUNTY 2 MARYLAND MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
|---|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS |
| 3. NAME OF DECEASED (First) Cond (Middle) (Type or Print) | (Last) 4. DATE (Month) (Day) (Year) OF DEATH FOR 21- 156 |
| 5. SEX vala 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED. DIVORCED. (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Dec 4-190 2 9 yrs. Months Days Hours Min. |
| done during most of working life, every retired in thousand | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. \$ |
| 13. FATHER'S NAME Joseph Walls | Sda Walls |
| 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 226-34-9798 | more Marthe Wallstunge) Sudlereville |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Suitable S | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above rause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Jun - |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSYT |
| | Yes No C |
| 21. EXTERNAL CAUSE WAS PRIMARY _ or CONTRIBUTING _ PLACE (Home, farm, factory, street, office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work | HOW DID INJURY OCCUR? |
| from: natural causes , accident , suicide homicide , SIGNATURE (Degree or title) 1. 2 January Fraher mo Sefuty of BORIAL REMATION DATE THEREOF NAME OF CEMETE | ased died on the dry stated above, and death in my opinion resulted undetermined Date signed MA DATE SIGNED MA Exam for 2-4218 |
| DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. | Lieb Mas Chestutrum Mod |
| 2-21 degard. Nane | Cagona lane - Church Hell had |
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PLEASE

BECEINED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02132

2138 CERTIFICATE OF DEATH

| Item 1, FilmG192 2-21-56 et | Reg. Dist. No. Jan. 2. Res. |
|--|--|
| I. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| COUNTY QUELL QUILL MARYLAND | STATE Med COUNTY Queen Cane |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporale limits, write RURAL and give nearest town) |
| OR and give nearest lown) (in this place) | TOWN Conternell Med. |
| HOSPITAL OR Centreville 1046 | STREET (If rural live location) |
| INSTITUTION OR STREET ADDRESS | ADDRESS |
| 3. NAME OF DECEASED (Type or Print) (Orlange L | Walls DATE (Month) (Day) (Year) OF DEATH Fiel 7 19 56 |
| 5. SEX 6. COLOR OR 7. SINGLE MARRIED, 8. DATE O WIDOWED DIVORCED, Spession Divorced, | F BIRTH 30,1864 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Giva kind of work done doing most of working life, even if refired) Substitution of working life, even if | 11. BIRMPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME J. alams | 14. MOTHER'S MAIDEN NAME THAT |
| 15. WAS DECEASED EVER D. V. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (II Yes, give war, or dales of service) | 17. INFORMANT & ADDRESS Mrs & Callalian Centreville m |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Chronic Nefth | with with heart completion |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO A |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, term, fectory, OR CONTRIBUTING 2AUSE OF DEATH OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work | 2H. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 10 | |
| alive on 7/5- , 19 570 , and that death occurred at | ADDRESS (Street, city, town, state) DATE SIGNED |
| - W. Therry Fisher M.O. | Centreville md 2/8-56 |
| 23 BURIAL, CREMATION, PRINCE THEREOF NAME OF CEMETERY OR SEMOVAL (SPECIFY) | Leep Caston. Wed. |
| 24. REC'D BY REGISTRAR REGISTRAR'S SUBNATURE AND THE SUBNATURE REGISTRAR'S SUBNATURE REG | 25. FUNERAL PRECTOR'S SIGNATURE (SOCION, M.d. |

BY SHO MICHA S-HYLARH SQ. THEMTHANDS STATE CHALLYNAM

RISS CERTIFICATE OF DEATH

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BUREAU V. S.

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